


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90019 015 \*\*\*150.00

**DOCUMENT # P03000134291**

1. Entity Name  
**JEFF L. COKER PAINTING, INC.**



Principal Place of Business      Mailing Address

3204 HWY 441 S      600 S.W. 21 ST  
 OKEECHOBEE FL 34974      OKEECHOBEE FL 34974



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**2640 Sw 24th Ave**      **2640 Sw 24th Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State

**Okeechobee, Fl.**      **Okeechobee, Fl.**

Zip      Country      Zip      Country

**34974**      **Okee**      **34974**      **Okee**

4. FE# Number      Applied For

**56-2418973**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, DONALD H**  
**449 FIELD STONE DR**  
**VENICE FL 342-92yu**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable.      (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DP                  | <input type="checkbox"/> Delete |
| NAME           | COKER, JEFF L       |                                 |
| STREET ADDRESS | 3204 HWY 441 S      |                                 |
| CITY-ST-ZIP    | OKEECHOBEE FL 34974 |                                 |
| TITLE          | DST                 | <input type="checkbox"/> Delete |
| NAME           | COKER, DORINA L     |                                 |
| STREET ADDRESS | 3204 HWY 441 S      |                                 |
| CITY-ST-ZIP    | OKEECHOBEE FL 34974 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | DP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Coker, Jeff L         |  |
| STREET ADDRESS | 2640 Sw 24th Ave.     |  |
| CITY-ST-ZIP    | Okeechobee, Fl. 34974 |  |
| TITLE          | DST                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Coker, Dorina L.      |  |
| STREET ADDRESS | 2640 S.W. 24th Ave.   |  |
| CITY-ST-ZIP    | Okeechobee, Fl. 34974 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeff L. Coker      2/6/08      863-634-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #